Management & Leadership Program
Semi-Annual Report
July 1, 2002-December 31, 2003

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Introduction

Rapid impact was a significant theme of our work over the last six months, as worsening health conditions deepened crises faced by governments, health workers, civil organizations, and families worldwide. This semi-annual report touches on Afghanistan, for example, where our task is to help the Ministry of Health put a functioning health infrastructure into place in a very short time frame. In Indonesia and Mozambique, we are ramping up multiyear large-scale programs aimed at regaining lost ground in public health and family planning. And in Tanzania, where every day brings fresh heartbreak to the many families affected by HIV/AIDS, we designed a mechanism to speed resources to programs already on the ground fighting the epidemic.

Our level of field support has increased almost four-fold (not including Afghanistan funds) from $1.2 million in field support in the first year of the program. This suggests that two years and four months into our five-year program, USAID missions, NGOs, and ministries of health are turning to the Management and Leadership Program to enable them to improve their performance.

In this report, we describe our growing body of experience using the *Leading & Managing Framework.* In Guinea, Egypt, Nicaragua, and other countries, we have applied the *Framework* to help health managers redefine their roles and responsibilities in a decentralized system. We report on the innovative approaches we have developed with core investments, including methodologies to systematically evaluate programs, and web-based programs that have the potential to spread knowledge about leadership and management practices widely around the world.

Much of this work capitalizes on M&L strengths in leadership development and program management. In some cases, our role has been to help small NGOs and grant recipients strengthen their leadership base and tap into new funding sources. In all cases, we are committed to partnering with local organizations to extend the impact of our technical assistance and to make health service improvements more sustainable.

Management & Leadership Highlights

July 1, 2002-December 31, 2003

Defining "rapid impact" in Afghanistan

During the six-month reporting period just past, MSH carried out essential foundational work to re-establish a functioning public health infrastructure. The rapid-impact Afghanistan Health Services Enhancement Project (AHSEP) emphasized three major activities:

- Analysis and application of the health resources survey
- Expansion of service delivery via performance-based grants to NGOs
- Management support to the Ministry of Health (MOH)

Analysis and application of the health resources survey

MSH began work in Afghanistan in March 2002 and by September, 160 surveyors had walked almost every square meter of Afghanistan – a nation the size of Texas – to compile the information for the National Health Resources Assessment.

- This essential baseline survey presents a fairly grim picture[1] of the health facilities that are still standing after more than two decades of war. Data from this assessment and detailed maps being prepared for each province (by district) will help Afghanistan's public health officials target donor aid and government resources to the areas in greatest need.

- The results of the survey were presented at a health planning meeting of provincial health authorities, donors, UN agencies, and NGOs that took place in November. As part of this meeting, we facilitated a workshop in which about 80 stakeholders (including provincial health staff) actively participated in an in-depth study of the survey; they examined the data in light of plans for women's health, children's health, infectious diseases, equity, human resources/staffing, and community-based heath care. Through March 2003, MSH will organize provincial workshops and develop plans to ensure the Ministry can maintain and manage the health resource database. National and provincial health authorities

[1] As reported in *Results Review (October 2002),* a total of 1,038 health facilities were counted; war or earthquake had damaged 35 percent; nearly 40 percent of basic care service facilities had no female health workers; existing infrastructure needs were great; only half the facilities had safe drinking water, only 27 percent had electricity; a high percentage of five essential drugs were available in private pharmacies. For more details on this baseline study and on the Afghanistan project, click to: http://www.msh.org/afghanistan/index.html

have moved quickly to apply the information from the survey to plan for the future. (*See the section on management support to the MOH, below.)*

Expansion of service delivery via performance-based grants to NGOs

M&L has established a system for awarding performance-based grants to international and Afghan NGOs.

- Since July 2002 MSH has awarded some $1.7 million to fund services expected to reach more than one million beneficiaries in 21 districts of 14 provinces. Indirect beneficiaries such as family and community members account for an additional 1.2 million people. The majority of the grants provide primary care and prevention services to women and children, including 60,000 vaccinations, training of some 1,200 community health workers and traditional birth attendants, and expanding access to a basic package of services. Drugs and equipment are being provided to 68 clinics.

- MSH completed a national pharmaceutical sector assessment and results from this survey are being used to help determine drug policies. NGOs have expressed strong interest in tapping into MSH's expertise to set up a pooled procurement system that ensures drug quality while providing economies of scale in purchasing. MSH is in the process of distributing approximately $500,000 in drugs and contraceptives to NGO grant recipients.

Support to the Ministry of Health (MOH)

MSH is assisting the Afghan government forge new directions in healthcare.

- M&L consultants are helping the MOH make the transition to a decentralized health system. In practice, this means that the provincial and district level health authorities must take up the primary responsibility for delivering health services while national health authorities bear the burden of oversight and regulation. As ministry becomes the *steward* of health services, we are helping it set quality standards, establish monitoring systems, and determine how to regulate the private sector.

- We have organized seminars on cost analysis and communication that have been very well-received by the mid and senior level staff of the MOH. MSH staff members serve on the Program Secretariat, a high-level advisory panel that provides counsel to the minister of health and her senior staff.

- MSH is helping donors, health officials, NGOs, and other groups work together to build a consensus and develop recommendations about community-based health care (CBHC), which is now seen as the most realistic means for providing access to sustainable and acceptable health services to the largest number of people (especially women and children). Our workshop on CBHC was jointly sponsored by USAID, WHO, and UNICEF; it featured technical assistance from highly experienced practitioners of CBHC from India.

- MSH worked with Afghan health authorities to determine what items to include in a basic package of health services. We also completed an analysis of the cost of providing these services; the findings on clinic operational costs and per capita costs have been widely circulated and used by the ministry and donors in budgeting for expanded health services. The information has also been used by the MOPH to prepare a realistic national health development budget for the Ministry of Finance.

- MSH is also working to establish a standard classification of health workers; we will develop a testing and certification system for the health workers trained by the various aid organizations over the past years of war. Such human resources issues are critical to bringing order out of the current chaotic situation.

Rapid action in Tanzania, where time is not on our side

HIV/AIDS has directly affected 12 percent of the population in Tanzania and left some 600,000 orphans. While the Tanzania Commission for HIV/AIDS (TACAIDS) is working with bilateral and multi-lateral donors to design the country's long-term strategy against HIV/AIDS, M&L technical advisors to TACAIDS have designed a short-term financing mechanism, the Rapid Funding Envelope (RFE), to speed resources to the NGOs and faith-based organizations ready to take action quickly to fight the epidemic.

In December 2002, a committee consisting of eight bilateral donors began to award grants to fund short-term but essential activities that contribute to TACAIDS' strategic longer-term objectives in the following areas: prevention, advocacy, IEC/BCC; care and support; impact mitigation; baseline and operations research; and monitoring and evaluation capacity. Twenty to thirty grants with a total value of about $2-2.5 million will be disbursed to fund activities that will be completed within one to twelve months.

M&L advisors worked closely with TACAIDS and donor members of the steering committee to hammer out the criteria for choosing grant recipients. They also evaluated the first round of proposals.

The first RFE award went to DOLASED, a local NGO, to develop and introduce HIV/AIDS IEC materials and peer support for deaf, blind, and handicapped Tanzanians; there are some 3 million handicapped people in Tanzania who could benefit from the DOLASED approach. Marie Stopes Tanzania, the second organization funded by the RFE mechanism, will establish voluntary counseling and testing services (VCT) in Zanzibar and on the mainland; this organization proposes to extend access to VCT to about 5000 clients a year in seven sites and treat 10,000 clients for other sexually transmitted infections.

M&L will continue to provide technical oversight of the grant making and monitoring and evaluation process. Financial and administrative management of the RFE will be handled by Deloitte & Touche-East Africa.

In Bolivia business planning moves past the start-up phase

As M&L completes beta testing of the integrated learning program, *The Art of Crafting a Business Plan for Social Return on Investment,* which we have described in previous reports[2], the program's first graduating class is busy finalizing its business plans.

Six participating organizations have now completed the program. The program has challenged them to be creative, while providing them with the tools they need to turn their ideas into action.

The Summa Foundation, an independent nonprofit organization funded by USAID, has proposed enrolling its loan candidates into the program to increase their business skills and chances of success. Summa chose our program over other business planning programs because it focuses specifically on NGOs, incorporates coaching, and includes rigorous due diligence.

Developmentspace.com, a webspace devoted to matching business plans from developing countries with prospective donors, has agreed to post all the completed business plans.

As the course's first graduates shop their ideas around for funding, how will donors and investors respond? Here are glimpses of the business plans:

PROCOSI

PROCOSI will continue to work with MSH to refine and upgrade the business planning course. But after undergoing the rigors of a start-up venture, PROCOSI has positioned itself as MSH's agent for delivering the course to Latin American NGOs at a price the market will bear. PROCOSI has made the program part of its own product line. And demand for business planning looks strong. PROMESA in Paraguay, NicaSalud in Nicaragua, MSH do Brasil, and Catalyst in Peru have expressed interest.

[2] As reported in *M&L's Semiannual Report (June 30, 2002), Results Review(October 2002)*, and *Management Review (December 16-17, 2002)*, M&L has received support from USAID and NGO Networks for Health to design an integrated learning experience combining both face-to-face interaction and CD-ROM technology, entitled, *The Art of Crafting a Business Plan for Social Return on Investment.* Members of the PROCOSI network, a Bolivian consortium of 24 member non-governmental organizations, participated in the development and launch of the business planning program because they wanted to diversify their funding streams by developing and marketing innovative products and services that meet client needs. For a quick history of the project, click to: http://www.msh.org/news_room/stories/business_procosi.html

CIES
Founded on the mission of providing impoverished women with high quality reproductive health services, CIES now plans to roll out these same quality and affordable reproductive health services to men. Providing this new service will require new staffing patterns, new manuals and equipment, and an aggressive social marketing campaign.

APROSAR
APROSAR's idea is meant to radically alter medical care for the rural poor of Bolivia. The organization plans to create a manual that cross-references traditional and Western treatment protocols. It's a way to improve health services by both the traditional healers and rurally-based physicians. The manual will enable Western-trained health care workers to communicate better with their patients and offer them culturally-sensitive treatments.

PCI
PCI will leverage its considerable expertise in community mobilization to launch what it calls the Environmentalist Brigade. The intention is to mobilize youth through a leadership development program to take on the role of educating community members about the importance of ridding their area of garbage, trash, and other debris. Brigade Leaders will multiply the impact of their effort by training their own youth brigades to undertake both education and clean-up campaigns at selected test sites in Bolivia's squalid peri-urban areas.

Esperanza
Esperanza plans to open a training center where women can learn marketable skills and crafts. The center will offer basic education as well as basic business classes to the women who receive micro-credit.

CEMSE
Known for its dedication to the health and education of the underserved in Bolivia, CEMSE plans to develop health education modules for use by the school system for students aged 7-18.

In Guinea decentralization drives leadership development

From April to November 2002, M&L, with support from the Centre for African Family Studies (CAFS) conducted a six-month leadership development program for Guinea's Ministry of Health that exhibited many of the defining elements of our leadership development approach:

- focus on real-world challenges
- coordination and cross-fertilization with local consultants
- program designed to be "owned" by its participants

Major challenges identified at the beginning of the program included low staff morale; resources (including drugs) that were either unavailable or not getting to where they were most needed; and an atmosphere in which efficiency and provider competency collided with a web of social relationships and obligations.

These challenges were played out within the context of health sector decentralization, which in Guinea as elsewhere has created a lack of clarity about the roles and responsibilities of health care managers and practitioners. Decentralization has greatly increased the need for skilled leadership and management at the regional level.

The immediate results of the program, as seen in coaching and follow-up visits, have suggested that program graduates are now better able to prioritize and focus on their work, are creating alliances with other partners to improve health, and have significantly improved the morale and productivity of their teams. A formal evaluation to be conducted by the M&L team in the Spring of 2003 will seek to document these changes.

The Minister of Health himself closed the program with words about leadership that resonated with the content of the program: knowing what's needed, having a vision of what is possible, focusing on the work to be done, aligning and mobilizing all possible resources, and inspiring people to transcend narrow self interests for the greater good.

The design of the program, based on the *Leading & Managing Framework*, emphasized exploration and experimentation in classroom sessions which were interspersed with observation and coaching on the job. The training team consisted of M&L staff, one staff member from the Centre for African Family Studies (CAFS), and two Guinean trainers,

one from PRISM, the local bilateral project, and one from the MOH. The diversity of the training team was significant, as it allowed a melding of different perspectives and competencies. Participants included all of Guinea's regional health directors; as well as leaders from the central level, including advisors to the MOH, the national director of pharmacies and labs, the inspector general for health, and the national director of health planning and evaluation.

The Minister asked PRISM to spearhead an extension of the program to cover the entire country and has asked PRISM staff to prepare a draft proposal, which he will use to approach the other donors to fund an extension of the program to the prefecture level.

LEADERSHIP	**et de**	**MANAGEMENT**
SCRUTER		PLANIFIER
FOCALISER		ORGANISER
ALIGNER MOBILISER		METTRE en ŒUVRE
INSPIRER		SUIVRE et EVALUER

M&L's leadership development curriculum, based on the *Leading & Managing Framework,* is delivered in French in Guinea.

Distance learning programs in Latin America serve hard-pressed health care managers

In a time of rapid change, competing priorities, and scarce resources, health managers in the developing world have the urgent need but seldom the opportunity to participate together with their teams in leadership development programs. M&L has been mindful of these financial and time constraints in designing two programs that extend leadership development opportunities to health managers and their teams. In several projects[3] we offer a *blended learning approach* that combines individual training on specialized websites with virtually facilitated discussions and meetings.

The *Virtual Leadership Development Program (VLDP)* is a structured, ten-week on-line learning program suitable for health care professionals in both the public and private sectors.

Lidernet in Brazil is an electronic resource that offers a wide range of professional development activities to health managers who have limited resources and are dispersed over a wide geographic region.

These programs, based for now in Latin America but suitable for other regions that are sufficiently wired, are pioneer components and keystones for M&L's "Leadernet" idea, our vision of a stable but dynamic platform of linked electronic resources for health care managers. Both of these programs can reach into the health care workplace to foster virtual communities of practice.

- **Virtual Leadership Development Program**

From October to December 2002, 74 managers from 11 health organizations throughout Latin America participated in the Spanish language *Virtual Leadership Development Program (VLDP)*. Participants included managers from NGOs in Honduras, Nicaragua, Bolivia, and Peru; from ministries of health in Mexico and Guatemala; a team from the Pan American Health Organization in Washington DC; and staff from MSH offices in Brazil, Bolivia, and Nicaragua.

The VLDP deliberately enrolls management teams rather than individual managers in order to spread the impact of the program, instill leadership competencies in more people,

[3] See also *How to Craft a Business Plan for Social Return on Investment*

and to make stronger performance a commonly shared experience. Senior managers build leadership skills by working together to address a real-world challenge actually facing their organization. Via the VLDP site they can communicate with course facilitators and with other participants, who often share similar challenges. The coursework is organized into five learning modules. Participants also receive a workbook and CD that support and complement the material on the website; these ancillary materials reduce the problems that arise from interruptions in Internet connections.

What challenges did the managers choose to tackle during the course? Organizational sustainability and service quality were recurrent themes; several teams worked on diversifying funding, developing new projects and marketing strategies, and improving quality assurance systems. The teams report that their leadership skills were strengthened and that they made progress in addressing their identified organizational challenges; a virtual leadership network is being established to enable them to continue to make progress on their challenges. We will evaluate the full impact of the VLDP in early 2003.

- **Lidernet**

December marked the official launch of Lidernet in Brazil, a joint venture between M&L and two organizations in the Brazilian state of Ceará, the Secretariat of Health (SESA) and the Ceará School of Public Health (ESP). Lidernet was developed to expand and strengthen the health care leadership base in the large, complex health system of Ceará, a state with seven million citizens.

Building on Ceará's successful face-to-face Leadership Development Program which prepared some 400 public health managers since 1998, Lidernet is intended to become a permanent self-directed learning community tailored to the public health sector in one of Brazil 's poorest but most innovative states. Lidernet was planned jointly but is now wholly owned by SESA/ESP.

LiderNet covers topics such as developing personal competencies, communication and creativity, conflict resolution, negotiation skills, how to motivate staff, how to develop a team, time management, strategic planning, and total quality management.

In its current phase, the project includes a website (in Portuguese at http://www.lidernet.brasil.org) with online management and leadership resources, four e-discussion groups that reach about 140 managers, and the first module of the *Virtual Leadership Development Program*. Discussions and on-line resources enable managers to share best practices for how to lead and manage in a decentralized health system.

The distance learning programs and electronic tools exemplified by Lidernet and the VLDP can empower poor regions to tap into rich worldwide resources that would otherwise be out of reach. They can serve as models for collaboration between government, international donors, academic public health experts, and private consultants. And they can become dynamic components of an infrastructure that offers leadership activities in Brazil, Latin America, and beyond.

Leadership and management topics in *The Manager*

In this reporting period, M&L produced and distributed to 8,000 readers around the world an issue of *The Manager* called, *Exercising Leadership to Make Decentralization Work.* This issue is now being translated into French and Spanish.

Two other issues of *The Manager* that cover leadership topics*, Developing Managers Who Lead,* and *Planning for Leadership Transition*, were among the three most popular MSH publications during November 2002.

Published four times a year, *The Manager* is MSH's award-winning continuing education publication presenting in-depth discussions of management strategies for improving health and family planning services. The periodical goes to 189 countries. Some 14,000 issues are read in English, 6000 in Spanish, and 5,000 in French.

In 2003, we will evaluate (at a level beyond reader surveys) how *The Manager* issues on leadership are being used and what we can do to improve application.

Working on leadership to promote clinic quality in Egypt

In Egypt the M&L Program has a demonstration a project that makes effective use of core funds:

1. The program's objectives are linked with field needs.
2. Results are measured through a monitoring and evaluation component that is built into the program design.
3. The investment made and the knowledge acquired in this pilot program can be leveraged across departments and around the world.
4. "Ownership" of the program is in the hands of the Egyptians.

In 2001, the Egyptian Ministry of Health and Population (MOHP) identified as its greatest challenge the need for motivated and committed employees (at the district and clinic levels) who are able to carry out the ministry's strategic objectives. In response to this need, M&L worked with clinic and district managers in the governorate of Aswan to build the Leadership Development Program of Egypt (LDPE).

The LDPE is an innovative year-long program that fills a critical leadership gap. The program design uses both ministry personnel and local consultants for design and delivery. Ministry personnel at the governorate level facilitate district meetings.

We employed our *Leading & Managing Framework* as the model to train managers to scan their environments, focus on critical challenges, lead their teams to address these challenges, and provide the motivation and inspiration to sustain performance improvements. Aswan health managers identified the following key challenges to address by means of the leadership program. All are linked to service delivery improvements at the clinic level:

- To increase the number of family planning visits
- To increase vaccination rates
- To increase pre and postpartum visits

The Ministry and the USAID Mission are considering expanding the program to Egypt's other governorates. In addition, the program is being documented for transfer to other countries. For example, the Afghanistan Ministry of Health is thinking about instituting the program. And M&L is collaborating with CAs such as Pathfinder (through the Catalyst Program) to allow local technical assistance providers to incorporate leadership development principles into their work.

The program's evaluation plan reflects the key challenges identified by the participants. It will monitor clinic service and quality indicators such as improved cleanliness in the clinics; and increased numbers of FP clients, prenatal visits, postpartum visits, and deliveries that take place at the clinics. M&L will also measure results by looking for improvements in work group climate (see sidebar).

Workgroup Climate Assessment:
How management practices affect worker performance

Common sense and experience tell us that the way managers behave has a direct impact on an organization's "climate." The M&L Program has developed a simple survey to measure an organization's climate and determine how management practices affect employee performance and motivation. We are testing this instrument in Egypt, Nicaragua, and Guinea to gain a "before" and "after" perspective on the progress made by clients as they work with us in the M&L Program.

Our diagnostic instrument, called the *Workgroup Climate Assessment (WCA),* consists of 14 items that report on the climate in the workgroup or team. To design the instrument, we simplified and adapted methodologies from the field of organizational development*. Studies have demonstrated a link between engaged employees and positive business outcomes such as productivity, profit, employee retention, and customer service. Workgroup climate has been shown to be the key to unleashing the discretionary effort of team members who could be motivated and engaged with the team's goals. The skills and practices of the workgroup manager were important in building a strong workplace.

Adapted for health care managers in developing nations, the WCA is available in English, Spanish, French and Arabic. It is used with supporting resources including a scoring spreadsheet, feedback report, a tips and tactics guide, manager's briefing and an administrator's guide.

Not all factors underlying the climate of a workgroup are within a manager's control, of course. However, if managers work on the dimensions of workgroup climate that do fall within their sphere of influence, they can create the conditions conducive to high performance.

* The WCA was influenced by the work of Litwin & Stringer who wrote the seminal book on climate, and the 30 or so years of experience and reflection arising from this initial work. We also drew from a large 1998 Gallup study that looked at employees across 2,500 business units and 24 companies.